Utility	Under the Paperwork I	Reduction Act of 1	995, no person are req	quired to	U.S. Patent respond to a collectio	Appro and Tradema n of information	oved for use throug ark Office; U.S. DE on unless it display	h 7/31/2006. Of	B/17 (12-04v2) MB 0651-0032 COMMERCE ontrol number
Filing Date   May 20, 2000   First Named Inventor   Christine Pecina   Examiner Name   J. E. Avellino   Art Unit   2143   TOTAL AMOUNT OF PAYMENT   (\$) 905.00   Attorney Docket No.   105984-0777    METHOD OF PAYMENT (check all that apply)    Check   Credit Card   Money Order   None   Other (please identify):	Effective on 12/08/2004. Fees purishent to the Consolidated Appropriations Act, 2005 (H.R. 4818).  DEMPERED TRANSMITTAL				Complete if Known				
Examiner Name   J. E. Avellino					<del></del>			onf. #8683	
Examiner Name   J. E. Avellino					Filing Date		<del></del>		
X   Application along small entity status. See 37 CFR 1.27   Art Unit   2143									
Note	<u> </u>				Examiner Name J. E. Avelling				
METHOD OF PAYMENT (check all that apply)   X   Check   Credit Card   Money Order   None   Other (please identify):	X Applicant claims small entity status. See 37 CFR 1.27			Art Unit		<del> </del>			
Check   Credit Card   Money Order   None   Other (please identify):	TOTAL AMOUNT OF PAYMENT (\$) 905.00			Attorney Docket	No. 1	105984-0777			
Deposit Account Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the property of the property	THOD OF PAYM	IENT (check a	all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the charge fee(s) indicated below, except for the control of the cont	Check Cree	dit Card	Money Order	Nor	ne Other (	please identi	ify):		
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the continue of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$) Fee (	Deposit Account	Deposit Account N	umber: 141449 De	eposit Acc	count Name:	Nutter	McClennen &	Fish LLP	
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments	For the above-i	identified depor	sit account, the Dir	ector is	hereby authorize	ed to: (chec	k all that apply)		
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Design   200   100   100   50   130   65	plication Type		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	Fees Pa	aid (\$)
Plant	ility	300	150	500	250	200	100		
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Indep. Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Indep. Claims	esign	200	100	100	50	130	65		
Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues) 50  Each independent claim over 3 (including Reissues) 200  Multiple dependent claims 500  Multiple dependent claims 500  Total Claims 500  Extra Claims 500  Extra Claims 500  Fee (\$) 500  Fee Paid (\$) 600  Multiple Dependent Claims 500  Fee (\$) 600  Fee Paid (\$) 600  Indep. Claims 600  Extra Claims 600  Extra Claims 700  Extra Claims 700  Extra Claims 600  Fee (\$) 600  Fee Paid (\$) 60	ant	200	100	300	150	160	80		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)  Indep. Claims Fee (\$) Fee Paid (\$) Fee Pa	eissue	300	150	500	250	600	300		
Each claim over 20 (including Reissues)   50	ovisional	200	100	0	0	0	0		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  See Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  I		ES						_	Fee (\$)
Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Pee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sample		cludina Reissu	iec)						25
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  See (\$)  Fee Paid (\$)  Fee Paid (\$)  Sample Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$	•	_	•						100
Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims    -20 =	-		rung reissues)						180
Indep. Claims  Extra Claims  Tee (\$)  Fee Paid (\$)  Sample Paid (\$)  Indep. Claims  Extra Claims  X  Extra Claims  X  Extra Claims  Extra Cla			Fee (\$)	Fee F	Paid (\$)	Mı	ultiple Depende		.50
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets				Fee F	Paid (\$)				-
	PPLICATION SIZE the specification and listings under 37 C sheets or fraction to  Total Sheets - 100: THER FEE(S) Ion-English Specification	d drawings exc FR 1.52(e)), thereof. See 35 Extra Sheets	he application size 5 U.S.C. 41(a)(1)(4  Number of  /50  fee (no small enti 2253 Extension	e fee du G) and feach a  ity disce for res	e is \$250 (\$125 f 37 CFR 1.16(s). dditional 50 or frac (round up to a who ount) sponse within th	or small en	tity) for each a  f Fee (\$)  x		2aid (\$)
	AITTED BY	0	1				<u> </u>		
The state of the s		<del>/ /</del>	1/1			43 810	Telephone	(617) 439-	2000

SUBMITTED BY	1					
Signature	18		Registration No. (Attorney/Agent)	43,810	Telephone	(617) 439-2000
Name (Print/Type)	Reza Moll	aaghababa			Date	June 22, 2005

Fee	Transi	mitta

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Dated: June 22, 2005

Signature:

(Reza Mollaaghababa)